

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: S-225E		
Serial No. 08/182,183	Filing Date May 23, 1994	Examiner Marianne P. Allen	Group Art Unit 1817			
In Re Application of Lin, et al.						
For Glial Cell Line-Derived Neurotrophic Factor						
TO THE ASSISTANT COMMISSIONER FOR PATENTS:						
<input type="checkbox"/> Applicant(s) petition(s) for the following extension of time under 37 C.F.R. 1.136(a): <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$400.00) <input type="checkbox"/> Three months of original due date (\$950.00) <input type="checkbox"/> Four months of original due date (\$1,510.00) <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuation application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input checked="" type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims	140	Minus	122 =	18	x \$22	=\$396.00
Indep. Claims	10	Minus	19 =	9	x \$82	=\$738.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+\$270	=
Total Additional Fee for this Amendment					\$1,134.00	
<p>*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ <u>1,134.00</u>. A duplicate copy of this petition is attached.</p> <p><input type="checkbox"/> If an additional extension of time is required, please consider this a petition therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>						
<p><u>Please Send Future Correspondence To:</u></p> <p>U.S. Patent Operations/DRC Dept. 430, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1789</p>						
<p><i>Daniel R. Curry</i> Daniel R. Curry Attorney for Applicants Registration No.: 32,727 Phone: (805) 447-8102 Date: March 5, 1998</p>						

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

March 5, 1998

Date

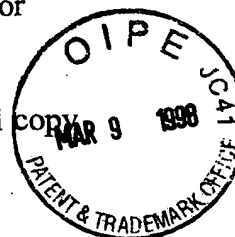
Daniel R. Curry
 Daniel R. Curry
 Attorney for Applicants
 Registration No.: 32,727
 Phone: (805) 447-8102
 Date: March 5, 1998

REPT
THE PATENT OFFICE IS HEREBY REQUESTED TO ACKNOWLEDGE RECEIPT
OF THE FOLLOWING DOCUMENTS BY DATE STAMPING AND RETURNING
THIS POST CARD

Serial No.: 08/182,183 Applicants: Lin, et al. Filed: May 23, 1994
Examiner: Marianne P. Allen Group Art Unit No.: 1817
Title: Glial Cell Line-Derived Neurotrophic Factor

1 pg
14 pgs

Amendment Transmittal Letter + 1 copy
Response and Amendment



S-225E
DRC/khh

Via First Class Mail

March 5, 1998

Amgen Inc.
1840 DeHavilland Drive
Thousand Oaks, CA 91320-1789

AMGEN

Assistant Commissioner for Patents
Washington DC 20231